

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control Number

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> OR      Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) Required)	Attorney Docket Number	METSO-43
	First Named Inventor	<del>Ilkka</del> Rata, Ilkka
	<b>COMPLETE IF KNOWN</b>	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural Names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Composite-Construction Treatment Equipment

(Title of the Invention)

The specification of which

☐

Is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

01/27/2004

as United States Application Number or PCT International

Application Number

PCT/FI2004/050006

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
20035010	FI	01/30/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Burden Hour Statement: this form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OF COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label	<b>36528</b>	Or	<input type="checkbox"/>	Correspondence address below	
Name:							
Address:							
City:			State:		Zip:		
Country:			Telephone:		Fax:		
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>							
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]): <b>Ilkka</b>				Family Name or Surname: <b>Rata</b>			
Inventor's Signature					Date: <b>20.06.2005</b>		
Residence: City: <b>Jyväskylä</b>		State:		Country: <b>Finland</b>		Citizenship: <b>FI</b>	
Mailing Address: <b>Vitsiälänkuja 4</b>							
City: <b>Jyväskylä</b>		State:		Zip: <b>FIN-40520</b>		Country: <b>Finland</b>	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]):				Family Name or Surname:			
Inventor's Signature					Date:		
Residence: City:		State:		Country:		Citizenship:	
Mailing Address:							
City:		State:		Zip:		Country:	
<input type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Please type a plus sign (+) inside this box

+

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	PCT/FI2004/050006
Filing Date	January 27, 2004
First Named Inventor	Ilkka Rata
Title	Composite-Construction Treatment..
Group Art Unit	
Examiner Name	
Attorney Docket Number	METSO-43

I hereby appoint:

<input checked="" type="checkbox"/>	Practitioners at Customer Number	36528		
<b>OR</b>				
<input type="checkbox"/>	Practitioner(s) named below:			
	Name	Registration Number		

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified applications to:

☐ The above-mentioned Customer Number.

**OR**

☐ Practitioner(s) named below:

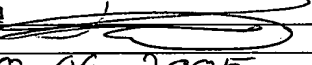
**OR**

<input type="checkbox"/>	Firm or Individual Name				
Address					
Address					
City		State		Zip	
Country					
Telephone		Fax			

I am the:

<input checked="" type="checkbox"/>	Applicant/Inventor
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Ilkka Rata
Signature	
Date	20.06.2005

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input checked="" type="checkbox"/>	*Total of	1	forms are submitted.
-------------------------------------	-----------	---	----------------------

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.